



## **Operational Definition of Medical Home**

*Medical Home Expansion for Clients who are Aged, Blind or Disabled*

### ***Source***

WA State Definition: developed by the Department of Health in collaboration with the Medical Home Leadership Network and 15 other state and community partners.

### ***Basic Definition***

An approach to delivering primary health care through a team partnership that ensures health care services are provided in a high quality comprehensive manner--including acute, chronic and preventive care. A Primary Care Provider (physician, physician assistant, nurse practitioner or clinic) leads the medical home with support and direction of the client, family, clinic staff, community agencies, and specialists.

### ***Core Components of a Medical Home:<sup>1</sup>***

1. Accessible and Continuous
  - ❖ Care is provided in the community
  - ❖ Changes in insurance providers or carriers are accommodated by the medical home practice.
2. Coordinated and Comprehensive
  - ❖ Preventative, acute care, specialty care and hospital care needs are addressed.
  - ❖ When needed, a plan of care is developed with the client and others as appropriate, including the family and other involved care providers and agencies.
  - ❖ Care is accessible 24 hours a day, 7 days a week.
  - ❖ The client's medical record is accessible, but confidentiality is maintained.
3. Client Centered
  - ❖ Individual clients and families or others the client identifies are involved at all levels of decision making.
4. Compassionate and Culturally Effective
  - ❖ The client's and family's cultural needs are recognized, valued, respected and incorporated into the care provided.
  - ❖ Efforts are made to understand and empathize with the patient's and family's feelings and perspectives.

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<sup>1</sup> To view the complete WA State Medical Home definition, go to  
<http://www.medicalhome.org/4Download/keymessages2007.pdf>



***Key Medical Home Infrastructure Supports:***

- ❖ Telemedicine or expert consultative support, e.g. availability of specialists such as pain management and psychiatry
- ❖ Utilization and other report development
- ❖ Reimbursement for certain Medical Home-related services such as expanded hours or care coordination activities
- ❖ Infrastructure that supports or provides for Care Management

***Medical Home Indicators (client satisfaction measures):<sup>2</sup>***

- ❖ Client has regular doctor/ARNP/PA or place of care, i.e. a clinic—not the Emergency Department.
- ❖ Doctor/ARNP/PA/clinic knows important information about client's history
- ❖ Doctor/ARNP/PA/clinic staff helps coordinate care received from other providers/sources of care through a documented care plan
- ❖ Client/provider and/or family/provider partnership
- ❖ 24/7 Provider Availability

***Sources of Evaluation Data:***

- ❖ Claims
- ❖ Secret shopper
- ❖ Provider and/or client survey
- ❖ Medical records review
- ❖ Medical Home Index/Medical Home Family Index<sup>3</sup>
- ❖ Accreditation by an outside body
- ❖ Client Services Database

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<sup>2</sup>Toward Higher-Performance Health Systems: The Commonwealth Fund 2007 International Health Policy Survey in Seven Countries:

[http://www.commonwealthfund.org/surveys/surveys\\_show.htm?doc\\_id=568326](http://www.commonwealthfund.org/surveys/surveys_show.htm?doc_id=568326)

<sup>3</sup> To find out more about Carl Cooley, MD, and the Center for Medical Home Improvement, go to:

<http://www.medicalhomeimprovement.org/outcomes.htm>